

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		3					53						
4		3					54						
5		0					55						
6		0					56						
7		/					57						
8		/					58						
9		0					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15	/						65						
16		0					66						
17	/						67						
18		/					68						
19		0					69						
20		0					70						
21							71						
22							72						
23							73						
24							74						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.						
TOTAL CLAIMS	24						TOTAL CLAIMS						